

M I N N E S O T A

# Board of Dentistry • Updates

"To ensure that Minnesota citizens receive quality dental health care from competent dental health care professionals"

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## New Changes That Affect All Minnesota Dental Professionals

### ADOPTED RULES 2004

The following changes to rules have been adopted by the Board, approved by the Chief Judge of the Office of Administrative Hearings, and accepted by the Governor. The adopted rules relate to licensure/registration renewal and continuing education/professional development. These rules are to be published in the State Register on September 13, 2004, becoming effective on September 20, 2004. The full text of the adopted rules may be viewed by accessing the Board's website: [www.dentalboard.state.mn.us](http://www.dentalboard.state.mn.us)

- 3100.0100 Definitions
- 3100.1700 Terms and Renewal of Licensure and Registration; General
- 3100.1750 Terms and Renewal of Licensure; Limited Faculty and Resident Dentists
- 3100.1850 Reinstatement of Licensure or Registration
- 3100.2000 Fees
- 3100.3600 Training and Educational Requirements To Administer Anesthesia and Sedation
- 3100.5100 Professional Development
- 3100.5200 Portfolio Contents
- 3100.5300 Audit Process of Portfolio
- 3100.5400 Professional Development Transition
- 3100.6300 Adequate Safety and Sanitary Conditions for Dental Offices

### IMPORTANT DATES

November 1, 2004 .....	Board stops recording CE & accepting CE cards
November 15, 2004 .....	Board mails renewal notices
December 31, 2004 .....	All renewals are due
January 2005 .....	Board mails final CE transcript

## SAVE THIS ISSUE!!!

# MESSAGE FROM THE PRESIDENT

Linda Boyum, RDA

## ***Professional Development... .....It's not just CE anymore!***



The Minnesota Board of Dentistry has broadened the concept of continuing dental education. The purpose is to encourage a more comprehensive approach to lifelong learning — one of professional development. With this change, continuing education is recognized as one component of professional development.

Professional development

refers to many qualified and recognizable forms of learning and encourages dental professionals to stay current with changes in dental practice, science, and technology. The newly enacted rules change the cycle and requirements for maintaining professional licensure and registration. The Board's newly adopted rules affect all regulated dental professionals.

The incorporation of professional development gives us the opportunity to assess our strengths and weaknesses within the dental profession and provide additional assurance to the public that their dental health care providers are among the most competent and well informed in the nation. The rich tradition of quality dental care throughout the state of Minnesota should not be taken for granted. Each of us has an obligation to maintain and improve the quality of dentistry.

Among the major changes in the professional development rules are the conversion to a two-year professional development cycle, the establishment of required learning in the core competencies, greater flexibility in acceptable learning categories, and the creation of a professional portfolio. In addition, the professional development cycle will now coincide with your license/registration renewal cycle. This issue of *Updates* provides an overview of the significant changes and links to additional information sources.

The license and registration renewal period is changing from an annual to a biennial (every two years) cycle. The expiration dates for the new license and registration periods will be determined by your birth month, much the same as your driver's license renewal. Licenses and registrations will transition into the two-year renewal period with prorated renewal fees effective January 1, 2005. This will be the last year that all 15,000 of Minnesota's regulated dental professionals will share a renewal date of December 31.

These newly adopted rules are a culmination of the Board's 2000 strategic plan regarding the need to change outdated continuing education and renewal cycles. Over the past three years, the Board's Continuing Education / Professional Development Committee has met on numerous occasions in public forums, with professional association representatives, as well as representatives from the University of Minnesota. In an effort to ensure public safety, consideration has been given to professional dental education relative to evolving dental trends, equipment, and compliance issues. Because of the cooperation among the aforementioned groups, the revised rules will help to better serve the public and keep Minnesota's dental professionals on the forefront of continued competency through self-assessments and self-directed learning.

This newsletter is intended to be a comprehensive overview of the rule changes. You are encouraged to save this issue for future reference. Should you find need for clarification of any of the new rules, please contact the Minnesota Board of Dentistry Staff. Thank you for your patience and understanding as we move forward with these rule changes.

A handwritten signature in cursive script that reads "Linda R. Boyum".

### **REINSTATEMENT OF LICENSE**

The recently adopted rules provide additional flexibility for dental professionals who wish to reinstate a lapsed license or registration.

Please refer to the Board's website, for details,  
[www.dentalboard.state.mn.us](http://www.dentalboard.state.mn.us).

# BIENNIAL CYCLES

## ✓ License / Registration Renewal Cycle

Our current annual renewal cycle will be changing to a biennial (24-month) renewal cycle. This biennial renewal cycle will be assigned based on your birth month and birth year. The Board will continue to send renewal notices to you at least 33 days prior to renewal due date. **Please note that renewal fees have remained the same.** See Table below:

	Renewal Fees	
	Annual (old)	Biennial (new)
DDS	\$155	\$310
DH	\$55	\$110
RDA	\$35	\$70

## ✓ Professional Development Cycle

Your professional development cycle will correlate with your renewal cycle. However, as we implement the new rules, your first professional development cycle will be as follows:

Year Born	Start	End
Odd	1-1-05	Last day of birth month: 2007
Even	1-1-05	Last day of birth month: 2008

# TRANSITIONAL PERIOD

## ✓ Prorated Fees For This Renewal Period

Your renewal fee for your first cycle will be pro-rated and is due December 31, 2004. November 2004 you will receive your renewal application for this transitional renewal cycle. You have the option to renew on-line at the Board's website, [www.dentalboard.state.mn.us](http://www.dentalboard.state.mn.us). On-line renewals no longer have a surcharge.

## ✓ Transcripts – Last Mailing

After January 1, 2005, the Board will mail you a transcript reflecting credits received and recorded by the Board from the beginning of your most current 5-year cycle through November 1, 2004. This transcript – along with any credits accumulated after the November 1, 2004 date and any credits attended from the beginning of your most current 5-year cycle, not reflected on the Board's transcript – can be put into your portfolio and applied to your new professional development biennial cycle. Even though you may have more than the minimum required hours reflected on your transcript, please note that you are also responsible for meeting all the requirements of a minimally acceptable portfolio.

# DISCONTINUATION OF CE CARDS

It is your responsibility to obtain appropriate documentation from the presenting organization, and to maintain that documentation in your professional portfolio beginning November 1, 2004. **All continuing education cards and documentation received by the Board after November 1, 2004 will be discarded.**

# PROFESSIONAL DEVELOPMENT Portfolio

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## Content

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You will be required to maintain a professional portfolio. The portfolio must be used to record, monitor, and retain acceptable documentation of your professional development activities.

Portfolio contents must include, **at a minimum**:

- Proof of current certification in a Healthcare Provider CPR course
- Proof of completing Board developed self-assessment: one (1) per biennial cycle-minimum
- Documentation of the required number of hours, in fundamental and elective activities
- Core Competencies (a minimum of two subject areas per biennial cycle)

Professional development credit will continue to be granted on an hour-for-hour basis. Failure to maintain a professional portfolio may result in disciplinary action, and could affect one's ability to renew registration or licensure.

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## Acceptable Documentation

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It is your responsibility to obtain and retain complete and accurate documentation for your portfolio. There is no single acceptable form of documentation, although every form must include the following:

- Attendee's name, with license or registration number
- Name and location of organization/presenter
- Contact information and credentials or training that qualifies presenter to teach course
- Course title, date, hours and subject matter (the description should clearly describe the contents of the course)

Falsification of professional development documentation may result in disciplinary action.

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## Self Assessment

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You will be required to complete a minimum of one (1) Board provided self-assessment per biennial cycle. The Board will grant one (1) fundamental hour per biennial

cycle for the completion of the self-assessment. The self-assessment is a compilation of questions, with the answers and references provided. The Board's purpose for the self-assessment is to provide an educational tool for you to utilize. It is anticipated that you will take courses in areas where the self-assessment indicates weaknesses, and use the references provided as a resource for further learning.

The focus of the questions will be in the five Core Competency subject areas:

- Record Keeping
- Infection Control
- Ethics
- Patient Communication
- Management of Medical Emergencies
- Diagnosis and Treatment Planning

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## Audits

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**All licensees/registrants are considered actively licensed/registered during the audit process.**

An audit will require a submission of your portfolio to the Board. This is not an on-site inspection. The Board will select individuals for audit primarily by a random process. It is your responsibility to keep your portfolio complete should you be selected for an audit. In the event you are selected for an audit you will receive notification after submission of your renewal application and fee. You will need to submit your portfolio to the Board within 60 days of the date on the notification letter. Failure to comply with the audit request, to supply an acceptable portfolio, and/or findings that you have fabricated fraudulent documentation may result in disciplinary action and will result in an automatic audit at the end of your next biennial cycle.

If the Board determines the portfolio is deficient, a letter addressing the deficiencies or areas of concern will be sent to the professional. The Board may grant up to six (6) months to comply with the requirements to resolve the deficiency.

# PROFESSIONAL DEVELOPMENT

## PORTFOLIO CONTENTS

### Self-Assessment

#### \*Fundamental Activities

Minimum requirements:

DDS: 30 hours  
DH / RDA: 15 hours

Activities directly related to the provision of clinical dental services

- **Core Competencies** (2 required for each biennial cycle)
  - Recordkeeping
  - Ethics
  - Patient Communication
  - Infection Control
  - Management of Medical Emergencies
  - Diagnosis and Treatment Planning (optional for DH and RDAs)
- **CPR**
- **Self – Assessment**
- **Other Activities**
  - Distance Learning
  - Lectures
  - Advanced Learning

#### Elective Activities

Maximum hours allowed:

DDS: 20 hours  
DH / RDA: 10 hours

Activities directly related to, or supportive of, the practice of dentistry, dental hygiene or dental assisting

- **Distance Learning**
- **Self-Study**
- **Scholarly Activities**
- **Volunteerism / Community Service**
- **General Attendance at State or National Dental Convention**

\* All hours can be earned in FUNDAMENTAL activities

## FUNDAMENTAL ACTIVITIES:

*Definition: Activities directly related to the provision of clinical dental services.*

### \*1. Core Competencies:

These subject areas are: Recordkeeping, Infection Control, Ethics, Patient Communications, Management of Medical Emergencies, Diagnosis and treatment planning.

### \*2. CPR:

Healthcare Provider course: equivalent to the American Heart Association or American Red Cross. Documentation would be photocopy of CPR card or certificate.

### \*3. Self-Assessment: (completion = 1 credit)

Board developed educational tool focused on the core competencies.

### 4. Distance Learning:

Home-study, on-line, periodicals and correspondence courses *with* a post test.

### 5. Lectures, Symposiums, Seminars, Staff Meetings, Case Presentations, Grand Rounds and Table Clinics:

Content needs to fit the definition of fundamental activities. Presenters need to provide you with acceptable documentation of your attendance.

### 6. Advanced Educational Learning/College Courses:

This would include RDAs completing an accredited dental hygiene program, DDSs completing a residency program. Documentation would be a copy of a diploma or certificate. With respect to individual coursework, documentation would be an official copy of the transcript.

\*Required during each Biennial Cycle.

## ELECTIVE ACTIVITIES:

*Definition: Activities directly related to, or supportive of the practice of dentistry, dental hygiene or dental assisting*

### 1. Distance Learning:

Home-study, on-line, periodicals and correspondence courses *without* a post test.

### 2. Self-Study:

Reading professional materials that deal with some aspect of dentistry or the services that you render to patients. You must keep a written log that includes the name of the article/book, date read, amount of time spent reading the material, subject matter contained in the article/book. You may also wish to simply keep a copy of the article in your portfolio.

### 3. Scholarly Activities:

Teaching a CE course, participating in research, case-studies, test construction, table clinic, or authoring a text. Subject matter must be directly related to or supportive of the practice of dentistry.

### 4. Volunteerism/Community Service:

You can receive hour-for-hour credit (up to the stated maximum for elective credit) for your participation in community service or volunteering your professional dental skills in service related to dentistry. The organization for which you volunteer must provide you with necessary documentation of your time.

### 5. General Attendance at State or National Conventions:

The Board will honor 3 credits per state or national dental convention or meeting. The sponsoring organization or association must provide you with documentation of your attendance.

### Requirements Per Biennial Cycle

	Fundamental	Elective	Total
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DDS	minimum 30 hours	maximum of 20 hours	50 hours
DH/RDA	minimum 15 hours	maximum of 10 hours	25 hours



# GUIDELINES FOR INFECTION CONTROL

## in Dental Health-Care Settings — 2003

(This article is reprinted with permission of the Centers for Disease Control and Prevention. Additional important details can be found at the CDC website: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>)

### Summary

This report consolidates previous recommendations and adds new ones for infection control in dental settings. Recommendations are provided regarding (1) educating and protecting dental health-care personnel; (2) preventing transmission of bloodborne pathogens; (3) hand hygiene; (4) personal protective equipment; (5) contact dermatitis and latex hypersensitivity; (6) sterilization and disinfection of patient-care items; (7) environmental infection control; (8) dental unit waterlines, biofilm, and water quality; and (9) special considerations (e.g., dental handpieces and other devices, radiology, parenteral medications, oral surgical procedures, and dental laboratories). These recommendations were developed in collaboration with and after review by authorities on infection control from CDC and other public agencies, academia, and private and professional organizations.

### Introduction

This report consolidates recommendations for preventing and controlling infectious diseases and managing personnel health and safety concerns related to infection control in dental settings. This report (1) updates and revises previous CDC recommendations regarding infection control in dental settings; (2) incorporates relevant infection-control measures from other CDC guidelines; and (3) discusses concerns not addressed in previous recommendations for dentistry. These updates and additional topics include the following:

- application of standard precautions rather than universal precautions;
- work restrictions for health-care personnel (HCP) infected with or occupationally exposed to infectious diseases;
- management of occupational exposures to bloodborne pathogens, including postexposure prophylaxis (PEP) for work exposures to hepatitis B virus (HBV), hepatitis C virus (HCV); and human immunodeficiency virus (HIV);
- selection and use of devices with features designed to prevent sharps injury;
- hand-hygiene products and surgical hand antisepsis;
- contact dermatitis and latex hypersensitivity;
- sterilization of unwrapped instruments;
- dental water-quality concerns (e.g., dental unit waterline biofilms; delivery of water of acceptable biological quality for patient care; usefulness of flushing waterlines; use of sterile irrigating solutions for oral surgical procedures; handling of community boil-water advisories);
- dental radiology;
- aseptic technique for parenteral medications;
- preprocedural mouth rinsing for patients;
- oral surgical procedures;
- laser/electrosurgery plumes;
- tuberculosis (TB);
- Creutzfeldt-Jakob disease (CJD) and other prion-related diseases;
- infection-control program evaluation; and
- research considerations.

These guidelines were developed by CDC staff members in collaboration with other authorities on infection control. Draft documents were reviewed by other federal agencies and professional organizations from the fields of dental health care, public health, and hospital epidemiology and infection control. A *Federal Register* notice elicited public comments that were considered in the decision-making process. Existing guidelines and published research pertinent to dental infection-control principles and practices were reviewed. Wherever possible, recommendations are based on data from well-designed scientific studies.

**The Board has adopted the 2003 CDC guidelines, which are now the minimum standard for infection control.**

### Disciplinary and Corrective Actions

Please refer to the Board website for recent disciplinary action imposed by the Board.

This information will be included in future issues of *Updates*.

## UPCOMING BOARD AND COMMITTEE MEETINGS

Executive Committee	9/14/04, 6:30 pm	OPEN	Executive Committee	10/26/04, 6:30 pm	OPEN
Complaint Committee "A"	9/17/04, 8:30 am	CLOSED	Complaint Committee "A"	11/5/04, 8:30 am	CLOSED
Complaint Committee "B"	9/23/04, 8:00 am	CLOSED	Licensure & Credentials	11/12/04, 8:00 am	CLOSED
<b>Board Meeting</b>	<b>9/24/04, 8:30 am</b>	<b>OPEN</b>	Complaint Committee "B"	11/18/04, 8:00 am	CLOSED
Complaint Committee "A"	10/15/04, 8:30 am	CLOSED	<b>Board Meeting</b>	<b>11/19/04, 8:30 am</b>	<b>OPEN</b>
Complaint Committee "B"	10/21/04, 8:00 am	CLOSED			

*NOTE: The Board office will be closed on 9/6/04 for Labor Day and 11/11/04 for Veterans Day.*

## NAME AND/OR ADDRESS CHANGE

If you have a name or address change you must inform the Board in writing within 30 days of the change. Practicing dentists are required to have their primary practice address on record with the Board. All others may list a home address. Note: Your name and address are public information.

Name (last, first, middle)	Former Name (if applicable)
<b>Old Address</b>	<b>New Address (if applicable)</b>
Street:	Street:
City/Town:	City/Town:
State:	State:
Zip Code:	Zip Code:
MN Dental License/Registration Number:	Daytime Phone Number:
Signature (Required):	Email Address:
	Effective Date:



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